

MAY 15 2006

PTO/SB/17 (12-04v2)

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*Effective on 12/08/2004.*  
*Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).*

## FEE TRANSMITTAL For FY 2005

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

620.00

**Complete if Known**

Application Number	10/772,752
Filing Date	February 5, 2004
First Named Inventor	Marc O. Woontner
Examiner Name	Chang, Audrey Y.
Art Unit	2872
Attorney Docket No.	22176.28 (ITW-14460)

**METHOD OF PAYMENT** (check all that apply) Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_ Deposit Account Deposit Account Number: 502233 Deposit Account Name: Houston Eliseeva LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

- |   |   |
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| <input checked="" type="checkbox"/> Charge fee(s) indicated below                           | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) | <input checked="" type="checkbox"/> Credit any overpayments                       |
| under 37 CFR 1.16 and 1.17  |   |

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**FEES CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)	Small Entity Fee (\$)
50	25
200	100
360	180

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	=				

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)		
- 3 or HP =	x	=			

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Notice of Appeal fee, one-month extension fee

Fees Paid (\$)

620.00

**SUBMITTED BY**

Signature	<i>Mary Eliseeva</i>	Registration No. (Attorney/Agent) 43,328	Telephone 781-863-9991
Name (Print/Type)	Maria M. Eliseeva	Date May 15, 2006	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/21 (09-04)

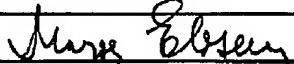
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<b>TRANSMITTAL FORM</b>		Application Number	10/772,752
(to be used for all correspondence after initial filing)		Filing Date	February 5, 2004
		First Named Inventor	Marc O. Woontner
		Art Unit	2872
		Examiner Name	Chang, Audrey Y.
Total Number of Pages in This Submission	3	Attorney Docket Number	22176.28 (ITW-14460)

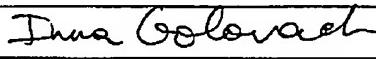
ENCLOSURES (Check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Supplemental Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):	<input type="checkbox"/> Remarks

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	Houston Eliseeva LLP		
Signature			
Printed name	Maria Eliseeva		
Date	May 15, 2006	Reg. No.	43,328

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature	
Typed or printed name	Inna Golovach
Date	May 15, 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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<b>NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES</b>		Docket Number (Optional)  22176.28 (ITW-14460)							
<p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on <u>May 15, 2006</u></p> <p>Signature _____</p> <p>Typed or printed name <u>Inna Golovach</u></p>		<p>In re Application of <u>Marc O. Woontner</u></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number <u>10/772,752</u></td> <td style="width: 50%;">Filed <u>February 5, 2004</u></td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 5px;">For <u>Tinted Holographic Printing Material</u></td> </tr> <tr> <td style="width: 50%;">Art Unit <u>2872</u></td> <td style="width: 50%;">Examiner <u>Chang, Audrey Y.</u></td> </tr> </table>		Application Number <u>10/772,752</u>	Filed <u>February 5, 2004</u>	For <u>Tinted Holographic Printing Material</u>		Art Unit <u>2872</u>	Examiner <u>Chang, Audrey Y.</u>
Application Number <u>10/772,752</u>	Filed <u>February 5, 2004</u>								
For <u>Tinted Holographic Printing Material</u>									
Art Unit <u>2872</u>	Examiner <u>Chang, Audrey Y.</u>								
<p>Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.</p>									
<p>The fee for this Notice of Appeal is (37 CFR 41.20(b)(1))</p>		<p>\$ <u>500.00</u></p>							
<p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ _____</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>502233</u>. I have enclosed a duplicate copy of this sheet.</p> <p><input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.</p>									
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<p>I am the</p> <p><input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration number <u>43,328</u></p> <p><input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. _____</p>									
<p><u>Maria Eliseeva</u> Signature</p>		<p><u>Maria M. Eliseeva</u> Typed or printed name</p>							
<p><u>781-863-9991</u> Telephone number</p>		<p><u>May 15, 2006</u> Date</p>							
<p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</p>									
<p><input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.</p>									

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